Please type a plus sign (+) inside this box → +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

a valid OMB control number.	Attorney Docket Number	23265C.1				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Baker				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	, /				
☑ Declaration ☐ Declaration	Filing Date					
Submitted OR Submitted after Initial	Group Art Unit					
with Initial Filing (surcharge (37 CFR 1. 1 6 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Roll-Over Air Bag Having a Reinforced Perimeter Seal and Associated Method for Producing a Flat Reinforced Seal in a Roll-Over Air Bag										
the specification of which (Title of the Invention)										
is attached hereto.										
OR										
was filed on (MM/L	was filed on (MM/DD/YYYY) 09/24/1999 as United States Application Number or PCT International									
Application Number 09/	405,339 and	was amended on (MM/DD/Y	YYY)	(if applicable).						
I hereby state that I have re amended by any amendme	eviewed and understand the nt specifically referred to a	ne contents of the above ident	tified specificatio	n, including the claims, as						
l acknowledge the duty to d	tisclose information which	is material to patentability as	defined in 37 CF	R 1 56						
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
				0000						
Additional foreign applica	ition numbers are listed or	a supplemental priority data	sheet PTO/SB/0	2B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 1 1 9(e) of any United States provisional application(s) listed below.										
Application Number	(s) Filing Da	ite (MM/DD/YYYY)		-						
			numbe supple	onal provisional application ers are listed on a emental priority data sheet B/02B attached hereto.						
	I									

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRI-SS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

							<u> </u>	<u>,</u>			<u>۳ ۲ ۲</u>	piioat	/ 		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 11 2, 1 acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.S. Parent Application or PCT Parent Number						Parent Filing Date Pa					Par	rent Patent Number (if applicable)			
09/110												<u> </u>			
	0,632														
Additiona	I U.S. or	PCT international applica	tion numbers a	re lis	ted on a	sup	piemen	tal prio	rity data :	sheet P	TO/SB/	0213 attached	i hereto.		
and Trademark	Office c	nereby appoint the following onnected therewith:	Customer Nu	nber		<u> </u>			–		▶ [Place Cu Number E	istomer		
		X	.OR Registered pr	actitio	oner(s) r	name	/registra	ation n	umber lis	ted belo	w L	Label			
			Regi	strati	on	Т						Re	Registration		
Robert I	Nam P Di		27,371	mber		╁	75		Nam				lumber		
Jeffrey			35,486						h Hoi lodge:		ıste				
Raymond			42,170						Brar		i	20,972 37,785			
Peter L.	. Bre	wer	41,636						reer						
☐ Additional	registere	d practitioner(s) named o	n supplementa	ıl Rec	istered							I			
Direct all cor		ence to: Custom	er Number Code Label										dress below		
Name	Rayı	mond E. Ste	phens										_		
Address	Pit	ts & Britti	an, P.	C.											
Address	P.0	. Box 51295										•			
City	Kno	xville				<u> </u> s	tate	TN		ZIP	379	50-12	95		
Country	USA		Telepho	ne	(423	3)	584	-01	.05	Fax	(42	23) 58	4-0104		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor:															
Given Name (first and middle (if any) . Family Name or Surname															
Robert A. Baker															
Inventor's Signature		Inter/101	Dall.									Date	9/29/59		
Residence: C	ce: City Dandridge State TN C						Cou	ntry				Citizenship	USA		

TN

37725

1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

USA

Country

1270 Lakeview Dr.

Dandridge

Additional inventors are being named on the

Post Office Address Post Office Address

City

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains a

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

		_							
Name of Addition	A petition has been filed for this unsigned inventor								
Given Na	Family Name or Surname								
Robert S.	Baker								
Inventor's Signature	A Mah Date 9/3						9/20/19		
Residence: City	Dandridge	State TN Country USA Citizenship						ship	
Post Office Address	1695 Cherry Brook Drive								
Post Office Address	s								
City	Dandridge	State	TN	ŽIP	37725	Co	untry [USA	
Name of Additional Joint Inventor, if any:							ed inventor		
Given Nar	ne (first and middle [if any])				Family Name	or Su	rname		
				<u></u>					
Inventor's Signature							Date		
Residence: City		State		Country	Citizenship				
Post Office Address	· · · · · · · · · · · · · · · · · · ·	-							
Post Office Address	-		-					·	
City		State		ZIP		Cou	untry		
Name of Addition	A petition has been filed for this unsigned inventor								
Given Nam	ne (first and middle [if any])	Family Name or Surname							
Inventor's Signature							Date		
Residence: City		State		Country			Citizensl	hip	
Post Office Address	ddress								
Post Office Address									
City		State		ZIP		Cou	intry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.